ATTORNEY OR PARTY WITHOUT ATTOR	RNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
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ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFO	RNIA, COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
CASE NAME:			
ORDER TO SEAL JUVENILE RECORDS			CASE NUMBER:
Name of petitioner (specify)	/ aliases):		Date of birth:
2. a. Date of hearing:	,	Dept.:	Room:
b. Judicial officer (name):		- r	
3. The court has read and considered the petition and the report of the probation officer.			
4. The petition is			
a. Granted.		b. Den	ied.
THE COURT ORDERS			
5. The sealing of petitioner's juvenile records in the custody of this court and the courts, agencies, and officials named below			
(designate county):			
(0.00.9.000 0.000.09)			
See attachment (A) for additional names.			
All records sealed shall be destroyed according to Welfare and Institutions Code sections 389(c) and 781(d).			
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6. Petitioner is relieved from the registration requirements under Penal Code section 290 and the registration information in the			
custody of the Department of Justice and other agencies and officials listed above shall be destroyed.			
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7. The clerk shall send a certified copy of this order to the clerk in each county in which a record is ordered sealed, and a copy			
	official listed above.	•	,
		<b>L</b>	
Date:		<u> </u>	
		JUDI	CIAL OFFICER OF THE SUPERIOR COURT
[SEAL] CLERK'S CERTIFICATE			
I certify that the foregoing is a true and correct copy of the original on file in my office.			
	Data	Olaska ka	<b>.</b> .
	Date:	Clerk, by	, Deputy